

FIELD ENFORCEMENT DIVISION USE OF FORCE REPORT

| INCIDENT DESCRIPTION | | | | |
|---|---|--|---------|---------|
| Type of incident: | | Case #: | | |
| Date: | Time: | Day of week: | | |
| Address of occurrence: | | Weather/Lighting: | | |
| Justification for using force: <input type="checkbox"/> To protect oneself or others from harm <input type="checkbox"/> To restrain or subdue a resistant individual <input type="checkbox"/> To bring an unlawful situation under control <input type="checkbox"/> Other (explain) | | | | |
| SUSPECT INFORMATION | | | | |
| Last name: | | First name: | | MI: |
| Address: | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Age: | |
| Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American | | Height: | Weight: | |
| Precise activity prior to use of force: (i.e. assaulting, fleeing, passive resistance, etc.) | | | | |
| Weapon(s): <input type="checkbox"/> N/A <input type="checkbox"/> Knife <input type="checkbox"/> Vehicle <input type="checkbox"/> Bite <input type="checkbox"/> Blunt object (type) _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hands/feet (technique) _____ <input type="checkbox"/> Firearm (type) _____ Under influence: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs _____ <input type="checkbox"/> Prescription _____ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Type of clothing worn _____ | | | | |
| Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe) | | | | |
| Treated by: <input type="checkbox"/> Agent <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Room <input type="checkbox"/> Refused <input type="checkbox"/> N/A | | | | |
| AGENT INFORMATION | | | | |
| Last name: | | First name: | | MI: |
| ID# : | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American | | | |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Duty assignment: | Age: | Height: | Weight: |
| Duty status at time of incident: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Light <input type="checkbox"/> Suspended <input type="checkbox"/> Secondary Employment | | | | |

(over)

Form #: 401.1
 Index Code: 401 Appendix B
 Effective date: 12-01-13

USE OF FORCE REPORT (continued)

AGENT INFORMATION (continued)

Agent's precise activity at time of incident: (i.e. handcuffing, interviewing, etc.)

Weapon(s): Firearm (type) _____ ASP

Flashlight OC spray Hands/feet(technique) _____

Weapon of opportunity (type) _____

Describe impact location: _____

Describe weapon usage: _____

Effectiveness of applied weapon(s): _____

Injured: No Yes (If yes, describe)

Reporting agent's signature & date:

Supervisor's name & ID:

Comments:

Required documents attached: Photo-copy of agent's report documenting the use of force

Deputy Director's name & ID:

Comments:

CHAIN OF COMMAND REVIEW

| Reviewing Official | In Policy | | Signature | Date |
|--------------------|-----------|----|-----------|------|
| | Yes | No | | |
| Supervisor | | | | |
| Deputy Director | | | | |
| Director | | | | |